

4-17 Completion Form: Infant Feeding and Nutrition

What you need to do:



1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *Infant Feeding and Nutrition* module, completed the post-test, and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Infant Feeding and Nutrition* module, you should meet the following competencies:

#	<u>Competency</u>	Yes/No/NA
3.9	Identifies the impact of infant development on feeding.	
3.10	Understands the nutritional needs of infants.	
3.11	Makes correct recommendations regarding infant feeding.	
3.12	Educates participants about nutrition-related problems experienced by infants.	

Training Supervisor:

Infant Feeding and Nutrition post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Infant Feeding and Nutrition* module and the competencies listed above.

Date: _____

Signature: _____